

The assessment of clinical competence in high stakes examinations: are we justified in abandoning old methods in favour of the new ?

Citation for published version (APA):

Wass, V. (2006). *The assessment of clinical competence in high stakes examinations: are we justified in abandoning old methods in favour of the new ?* [Doctoral Thesis, Maastricht University]. <https://doi.org/10.26481/dis.20060512vw>

Document status and date:

Published: 01/01/2006

DOI:

[10.26481/dis.20060512vw](https://doi.org/10.26481/dis.20060512vw)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

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- The final author version and the galley proof are versions of the publication after peer review.
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The assessment of clinical competence in high stakes examinations

Valerie J WASS

12 mei 2006

1. Provided a test is long enough to sample broadly, all assessment methods can reach the reliability required of a high stakes examination. (This dissertation)
2. When designing high stakes tests, a high number of cases is more important than a high number of judges. (This dissertation)
3. Objective Structured Clinical Examinations are not objective. (This dissertation)
4. Despite technical developments in simulation, real patients still have a role in an assessment programme. (This dissertation).
5. Objective Structured Clinical Examinations make monkeys of men.
6. Classification of learning outcomes as knowledge, skills and attitudes is a fallacy: No single facet of clinical competence is independent of knowledge.
7. Above all, assessments must assure the public that doctors are safe to practise.
8. *"A good doctor should not only have a skill. He or she should be able to demonstrate the exercise of that skill in an especially worth while way... by working towards excellence."* Doctors in Society. Medical professionalism in a changing world. Royal College of Physicians UK Working Party 2005
9. The perception that a national finals examination threatens liberal education is unjustified.
10. *"There is no greater injustice than to treat unequal cases equally"*. Aristotle
11. *"Sun destroys the interest of what's happening in the shade."*
From Whitsun Weddings by Philip Larkin